

Digest of

CRISIS IN CHILD MENTAL HEALTH:

CHALLENGE FOR THE 1970'S

Final Report

of the

The Joint Commission on

Mental Health of

Children, Inc.

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INTRODUCTION

We proclaim that we are a Nation devoted to its young. We believe that we have made great strides toward recognizing the needs of children and youth. We have enacted child labor laws, established a public education system, created treatment services for our disturbed and handicapped, and devised imaginative programs such as Head Start for our disadvantaged young. Yet, we find ourselves dismayed by the violence, frustration, and discontent among our youth and by the sheer number of emotionally, mentally, physically and socially handicapped youngsters in our midst. It is shocking to know that thousands of children are still excluded from our schools, that millions in need go untreated, and that many still suffer from hunger and malnutrition. We recognize in these ills some of the sources and symptoms of poverty and racism in which all of us, as a Nation, take part. Poverty, in this the richest of world powers, is still our heritage. Racism, in a country dedicated to its peoples' inalienable rights, speaks as clearly of "man's inhumanity to man" as did slavery.

In spite of our best intentions, our programs are insufficient; they are piecemeal, fragmented and do not serve all those in need. Unwittingly, we have failed to commit our vast resources to promote the healthy development of our young. We have yet to devise a strategy which will maximize the development of our human resources. Congress gave national recognition to this need in issuing a mandate to establish the Joint Commission on Mental Health of Children. In fulfillment of its task, the Commission declares:

—This Nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are a child-centered society, that we look to our young as tomorrow's leaders, is a myth. Our words are made meaningless by our actions—by our lack of national, community, and personal investment in maintaining the healthy development of our young, by the minuscule amount of economic resources spent in developing our young, by our tendency to rely on a proliferation of simple, one-factor, short-term and inexpensive remedies and services. As a tragic consequence, we have in our midst millions of ill-fed, ill-housed, ill-educated and discontented youngsters and almost ten million under age 25 who are in need of help from mental health workers. Some means must be devised to delegate clear responsibility and authority to insure the well-being of our young.

—This Nation, which looks to the family to nurture its young, gives no real help with child-rearing until a child is badly disturbed or disruptive to the community. The discontent, apathy, and violence today are a warning that society has not assumed its responsibility to insure an environment which will provide optimum care for its children. The family cannot be allowed to withstand alone the enormous pressures of an increasingly technological world. Within the community some mechanism must be created which will assume the responsibility for insuring the necessary supports for the child and family.

- This Nation, which prides itself on democratic values and equal opportunity, still imposes on its young the psychological repercussions of poverty and racism. No one is effectively empowered to intercede.
- This Nation, richly endowed with the knowledge to develop its youthful resources has yet to fill the gap between knowledge and action. We know, for example, that preventive measures are most essential and effective if taken in the earliest years of life; that during this period there are critical stages of development which, if neglected or mishandled, may result in irreversible damage. Yet, our services are nowhere more deficient than in the area of prenatal and infant care.
- This Nation, highly sophisticated and knowledgeable about mental health and child development, continues its planning and programming largely around the concept of treating, rather than preventing, mental illness. But no agency has the task and responsibility for assuring that treatment is, in fact, received by those who need it.
- This Nation, despite its emphasis on treatment, has yet to develop adequate mental health services and facilities for all children and youth, regardless of race and economic circumstances. Many receive no attention. The number of young, particularly adolescents, who are committed to mental institutions continues to rise markedly. Yet, we have not provided the resources and manpower to assist those who are devoted to caring for these children. As a result, any possible benefits of confinement are lost in the tragic waste of the back ward. Even less effort is made to develop coordinated community services so these children can be kept as closely as possible within their normal, routine setting.

The Commission strongly urges better treatment for the mentally ill, the handicapped, the retarded, the delinquent, and the emotionally disturbed. We join forces with those who propose a broader but more meaningful concept of mental health, one which is based on the developmental view with prevention and optimum mental health as the major goal. We contend that the mentally healthy life is one in which self-direction and satisfying interdependent relationships prevail, one in which there is meaning, purpose, and opportunity. We believe that lives which are uprooted, thwarted, and denied the growth of their inherent capacities are mentally unhealthy, as are those determined by rigidity, conformity, deprivation, impulsivity, and hostility. Unfulfilled lives cost us twice—once in the loss of human resources, in the apathetic, unhappy, frustrated, and violent souls in our midst, and again in the loss of productivity to our society, and the economic costs of dependency. We believe that, if we are to optimize the mental health of our young and if we are to develop our human resources, every infant must be granted:

—*the right to be wanted*

yet, millions of unwanted children continue to be born—often with tragic consequences—largely because their parents have not had access to or knowledge of the benefits of birth control information and devices.

—*the right to be born healthy*

yet, approximately one million children will be born this year to women who get no medical aid during their pregnancy or no adequate obstetrical care for delivery; thus many will be born with brain damage from disorders of pregnancy. For some, protein and vitamin supplements might have prevented such tragedy.

—*the right to live in a healthy environment*

yet, thousands of children and youth become physically handicapped or acquire chronic damage to their health from preventable accidents and diseases, largely because of impoverished environments. Even greater numbers living in poverty will become psychologically handicapped and damaged, unable to compete in school or on a job or to fulfill their inherent capabilities—they will become dependents of, rather than contributors to, our society.

—*the right to satisfaction of basic needs*

yet, approximately one-fourth of our children face the probability of malnutrition, inadequate housing, untreated physical and mental disorders, educational handicaps, and indoctrination into a life of marginal work and opportunity.

—*the right to continuous loving care*

yet, millions of our young never acquire the necessary motivation or intellectual and emotional skills required to cope effectively in our society because they do not receive consistent emotionally satisfying care. Society does little to help parents. There are few programs which provide good day care, which aid in developing more adequate child-rearing techniques, or which assist in times of temporary family crisis or where children are neglected or abused.

—*the right to acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society*

yet, each year almost a million of our youth drop out of school and enter the adult world with inadequate skills and with diminished chances of becoming productive citizens; countless others are denied the opportunities to develop to their fullest potential through effective vocational training, meaningful work experience, or higher education. For all of our children and youth the transition to adulthood is made difficult. We fail to provide avenues for learning adult roles, for acquiring skills, or some approved means by which youths' voice can influence a world in which they too must live.

We know that when these rights are granted, development will proceed favorably for most infants. Few children, however, encounter continuously those ideal circumstances that maximize their hereditary potential for health, competence, and humanity. At conception, at birth, and throughout development, there are vast variations and inequalities in the life chances of our young. Undoubtedly, many will continue to be psychologically damaged. If our more unfortunate are to become functioning and productive citizens, we believe they must be granted:

—*the right to receive care and treatment through facilities which are appropriate to their needs and which keep them as closely as possible within their normal social setting*

yet, several millions of our children and youth—the emotionally disturbed, the mentally ill, the mentally retarded, the handicapped, and the delinquent—are not receiving such care. The reasons are innumerable. Many go untreated because the services are fragmented, or nonexistent, or because they discriminate by cost, class or color. Others are diagnosed and labeled without regard to their level of functioning. They are removed from their homes, schools, and communi-

ties and confined to hospital wards with psychotic adults or to depersonalized institutions which deliver little more than custodial care.

Going back as far as the first White House Conference on Children in 1909 we have repeatedly, and with considerable eloquence, announced our intentions to develop a strong, imaginative program to care for emotionally disturbed children. For example, the 1930 White House Conference on Child Health and Protection, composed of several thousand citizens and government officials, proclaimed that:

"The emotionally disturbed child has a right to grow up in a world which does not set him apart, which looks at him not with scorn or pity or ridicule—but which welcomes him exactly as it welcomes every child, which offers him identical privileges and identical responsibilities."

The 1930 White House Conference estimated that there were, at that time, at least two and one-half million children with well-marked behavioral difficulties, including the more serious mental and nervous disorders.

In the four decades since the issuance of that report, the care of the emotionally disturbed child in this country has not improved—it has worsened considerably. During the three years of its deliberations and fact-finding efforts the Commission has gathered together an impressive body of descriptive material on the plight of the emotionally disturbed child in America today.

Using the most conservative estimate from various school surveys, the National Institute of Mental Health estimates that 1,400,000 children under 18 needed psychiatric care in 1966.

Are they getting this treatment? Surveys of various psychiatric facilities, undertaken by the National Institute of Mental Health, show that nearly a million of those children needing psychiatric care in 1966 did not receive treatment. These estimates indicate that we are providing care to only one-third of our children who are in serious need of attention. An additional seven to ten percent or more are estimated, by school surveys, to need some help for emotional problems.

What happens to these emotionally sick children for whom there are no services in the community? Each year, increasing numbers of them are expelled from the community and confined in large state hospitals so understaffed that they have few, if any, professionals trained in child psychiatry and related disciplines. It is not unusual in this year 1969 to tour one of these massive warehouses for the mentally ill and come upon a child, aged nine or ten, confined on a ward with 80 or 90 sick adults. Our present data indicate that slightly over 27,000 children under 18 were under care in state and county mental institutions in 1966. On the basis of a trend which has been developing over the past few years, the National Institute of Mental Health estimates that by 1970 the number of children aged 10-14 hospitalized in these institutions will have doubled.

The National Institute of Mental Health also reports that thousands upon thousands of elderly patients now confined on the back wards of these state institutions were first admitted as children 30, 40, and even 50 years ago. A recent report from one state estimates that one in every four children admitted to its mental hospitals "can anticipate being permanently hospitalized for the next 50 years of their lives."

What happens if the disturbed child is fortunate enough to escape the state institution treadmill? There are a few private, residential treatment centers which

care for about 8,000 children a year. Since the average cost to the parents of such hospitalization ranges from \$30 to \$50 a day, it is obvious that only those of our citizens who are in the higher income brackets can take advantage of such services. Even among those rarified income brackets the situation is far from satisfactory; for every child admitted to one of these private facilities, 10 or more are turned away because of lack of space. In 8 of our states, there are no such facilities, either public or private. In many of our states, there are no public units to care for children from low and middle income groups.

What happens to all our children who receive no help for emotional problems? Here the statistics become much less precise, since a vast majority of these children are literally lost. They are bounced around from training schools to reformatories to jails and whipped through all kinds of understaffed welfare agencies. No one is their keeper. No agency in the community is equipped to evaluate either the correctness of their placement or the outcome of such placement.

If they are sent to a training school, as recent testimony before a Senate Committee revealed, they generally receive poorer treatment than caged animals or adult convicts. Appearing in 1969 before a Senate Committee, Joseph R. Rowan, an expert on delinquency who is now director of the John Howard Association of Illinois, characterized these institutions for juveniles as "crime hatcheries where children are tutored in crime if they are not assaulted by other inmates or the guards first." Another witness, Arlen Specter, the District Attorney of Philadelphia, told the same committee that these so-called correctional institutions for juveniles take a 13 year old and in 12 years, turn out "a finely honed weapon against society."

Commenting on the failure of juvenile courts and juvenile correctional facilities to even begin to meet the manifest needs of emotionally disturbed and sociopathic children, Judge David Bazelon, a member of the Commission, noted in a recent talk that although this nation is aware of the problem, it does not support funds to treat and care for these children *because it has really given up on them*.

We must ask ourselves whether we can continue to deny our children their inalienable rights. Can we continue to gamble with our Nation's future by allowing children to grow up in environments which we know are psychologically damaging— and compound this by lack of adequate care and treatment?

We have the knowledge and the riches to remedy many of the conditions which affect our young, yet we lack a genuine commitment to do so. We blind ourselves to the fact that we create most of the social problems of our young which we so deplore—infants who fail to thrive, seriously disturbed children in mental institutions, adolescent drug addiction, acts of violence and destruction by youth.

Our lack of commitment is a national tragedy. We know already that it is more fruitful to prevent damage to our young than to attempt to patch and heal the wounds. We know that much of the damage could be avoided in the first three years of life. We know that the basis for mental development and competence is largely established by the age of six. Yet we do not act on this knowledge. Studies indicate that most children, regardless of class or race, whether in the ghetto or in suburbia, do not receive the needed support and assistance from our society. But, it is the damaged, the vulnerable, and the poor who are given the least from our health, welfare, and educational services. Those who are the most helpless are the most neglected.

This Commission proposes a shift in strategy for human development in this nation—one which will deploy our resources in the service of optimizing human development. We emphasize the critical need to concentrate our resources on the new generation and eliminate problems which later exact so high and tragic a price.

In the allocation of these resources, it is the consensus of most of the Commission's task force and committees that equal priority should be given to the following:

- Comprehensive services which will insure the maintenance of health and mental health of children and youth.
- A broad range of remedial mental health services for the seriously disturbed, juvenile delinquents, mentally retarded, and otherwise handicapped children and their families.
- The development of an advocacy system at every level of government to insure the effective implementation of these desired goals.

The services we propose should cover the entire range of childhood, from systematic maternal and infant care to the transition of the adolescent and college age youth into effective young adulthood.

It should be emphasized that fostering the development of human beings in this country is a means to an end—a means to stem the increasing numbers of people who have no meaningful role in society. Their services in health, education, welfare, and other human and community services are desperately needed and currently unused.

Commitment, genuine commitment, to our children and youth is, necessarily, the beginning. We must look honestly at the scope of the problem and begin *now* to follow our words by action. We must develop advocacy functions at all levels of government and society, functions which will insure that the needs of children and their families are being met. This commitment to advocacy means commitment to change. It means that we—as parents, educators, professionals and legislators—must participate and collaborate in change in national, state and local levels. We must reorder our priorities so that the developmental needs of children rank first in importance. The commitment requires finding effective ways to link our fiscal resources, services and manpower so that every infant will be guaranteed the continuous care and the opportunities required for his optimal development. The creation of an advocacy system means that we, at last, will act to insure the rights of our living and unborn young. For in our children lie our future and our hope for the fulfillment of our national goals. We must not—cannot afford to do less.